

Georgia State Board of Speech-Language Pathology/Audiology
237 Coliseum Drive * Macon, GA 31217
Phone: (478) 207-2440
www.sos.ga.gov/plb/speech

**INITIAL APPLICATION FOR
PAID CLINICAL EXPERIENCE (PCE)**

or

REQUIRED PROFESSIONAL EXPERIENCE (RPE)

Please check Area of License: ☐ Speech ☐ Audiology

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Speech-Language Pathology/Audiology in the State of Georgia.
Visit the Board's website for information: <http://www.sos.ga.gov/plb/speech>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Please mail your application in a 9 X 12, or larger, envelope with pages unfolded and unstapled.

Incomplete applications result in delayed processing.

Incomplete applications are void after one year.

NOTE: There are 3 methods by which you can obtain SLP/AUD Permanent licensure:

- **ASHA CCC'S** - If you have obtained your ASHA CCC's, your permanent license can be issued by certification even if you have not completed your PCE/RPE. Submit an application for permanent licensure, verification of ASHA certification, and the required fee for licensure consideration. If the effective date of certification is not within the two years prior to the date of application, you must submit evidence of having obtained 20 hours of CE within the two years prior to the date of application, along with course outlines/descriptions.
- **Paid Clinical Experience (PCE) or Required Professional Experience (RPE)** - You are not required to have obtained your ASHA CCC's in order to obtain SLP/AUD licensure. You may obtain licensure based on completion of PCE/RPE as noted below. **Completion of the RPE is NOT required of a Doctor of Audiology who graduated from an ASHA accredited school after 2007.**
- **Endorsement** - You may obtain SLP/AUD licensure by endorsement from another state that is on Georgia's approved list of states for endorsement. Please see the "Frequently Asked Questions" at <http://sos.georgia.gov/plb/faqs/10%20faqs.html> for the list of approved states.

Application Checklist:

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

- ☐ **NOTARIZED APPLICATION:** The application must be mailed to the Board office at the address listed above. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach copies of official court documents and an explanation if you have had any criminal convictions, charges, or sanctions by another state licensing board. Approval of licensure is at the Board's discretion. If your PCE is within the school system, you must submit school calendars for the current and upcoming year. **PCE or RPE CANNOT begin until licensure has been approved and license has been issued.**
- ☐ **FEE:** The non-refundable application fee payable to Georgia State Board of Speech-Language Pathology/Audiology must be included with application.
- ☐ **COLLEGE TRANSCRIPTS:** Transcripts are required & must include the degree and date conferred. Transcripts are not required for applications based on ASHA certification or Endorsement.
- ☐ **CLINICAL CLOCK HOURS:** Applicants for Examination/PCE or RPE must submit a copy of clinical practicum hours with an appropriate signature from an academic institution.
- ☐ **DOCUMENTATION OF COMPLETION OF PCE or RPE:** Applicant must submit a completed Documentation of Completion form, which can be downloaded from our website, along with an application, required fee & any other required documentation in order to be considered for a permanent license.
- ☐ **SUPERVISOR:** Must be a Georgia licensed Speech-Language Pathologist or Audiologist who is licensed in the area(s) for which the PCE/RPE Fellow seeks experience.

PROFESSIONAL BACKGROUND:

Check yes or no – If yes is checked, you must send copies of legal documents and a detailed explanation.

1. ☐ Yes ☐ No Are you unable to practice safely as a result of use of alcohol or other drugs?
2. ☐ Yes ☐ No Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
3. ☐ Yes ☐ No Have you ever had a professional license revoked, suspended, annulled, or otherwise sanctioned, including by private order, by any Board or agency in Georgia or any other state, territory, or country?
4. ☐ Yes ☐ No Have you been subject to disciplinary action or had your membership revoked by any professional organization?
5. ☐ Yes ☐ No Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
6. ☐ Yes ☐ No To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency or professional organization?
7. ☐ Yes ☐ No Have you been convicted of any criminal offense?
8. ☐ Yes ☐ No Have you ever been arrested, charged or sentenced for the commission of a felony misdemeanor (other than minor traffic or parking violations) or crime of moral turpitude, including the entry of a plea of nolo contendere or a plea entered pursuant to the provisions of the "Georgia First Offenders Act"? DWI and DUI are not minor traffic violations. You must respond "yes" if you Pled and completed probation as a First Offender. If you answered "yes", you must provide certified copies of the Court disposition.
9. ☐ Yes ☐ No Have you been the defendant in malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
10. ☐ Yes ☐ No Have you previously applied for the same license for which you are currently applying?
If "yes", name under which application was submitted:

11. ☐ Yes ☐ No Do you now hold or have you ever held a license as a Speech-Language Pathologist or Audiologist in any state/jurisdiction? If "yes" complete the following:

Type of license: ☐ Speech ☐ Audiology
State/Jurisdiction _____ License No. _____
Date issued _____ Expiration _____

EDUCATION:

Education: List all colleges and/or universities attended and the dates your degrees were conferred:

College/University: _____

Degree/Date: _____ **Major:** _____

College/University: _____

Degree/Date: _____ **Major:** _____

EMPLOYMENT:

Name of Employer (contract agency, school system, hospital, etc.): _____

Employment site address and Name of Facility of applicant: _____

Street City State Zip Code

Proposed PCE/RPE dates: Beginning: _____ **Ending:** _____
month/day/year month/day/year

Number of hours worked per week: _____

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 5 & 6 of this application form.**

- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number. See pages 5 & 6 of this application form.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20____

Notary Seal

4. _____
Notary Public My Commission Expires: _____

11-14-13

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

11-14-13

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.
[O.C.G.A. § 50-36-2(c)]

LETTER TO THE PCE or RPE AND SUPERVISOR

Dear PCE or RPE Applicant/Fellow:

It is very important that you read the rules of the Georgia Board of Speech-Language Pathology and Audiology, specifically, Board Rule 609-3-.02. This rule has vital information relative to your PCE or RPE license. **Please review these Rules with your PCE or RPE supervisor and make certain each of you understands your responsibilities.**

The Georgia Board of Speech-Language Pathology and Audiology grants the PCE or RPE temporary license for the purpose of practicing during the paid clinical experience or the required professional experience. **The PCE or RPE CANNOT begin until the application for licensure has been approved and the license has been issued.**

The PCE or RPE Fellow must notify the Georgia Board of Speech-Language Pathology and Audiology in writing within 14 days of any changes in the PCE or RPE during the approved period. This should be submitted on the Changes to the PCE or RPE application form.

A person who fails to apply for and be approved for a PCE or RPE temporary license shall be considered **practicing without a license** and may be subject to sanctions under Title 43 of the Official Code of Georgia Annotated.

A **PCE or RPE supervisor** who allows a person to practice without a PCE or RPE temporary license may be subject to disciplinary actions or sanctions under Title 43 of the Official Code of Georgia Annotated.

Completion of the RPE is NOT required of a Doctor of Audiology who graduated from an ASHA accredited school after 2007.

SUPERVISOR:

Name of Supervisor:

First Middle Last

Employment address of Supervisor:

Name of Facility

Street City State Zip Code

License Number:

Georgia License number: _____ Expiration Date: _____

List license numbers of all PCE or RPE Fellows you are currently supervising: _____; _____;
_____;

Signature of Applicant

Date

Signature of Supervisor

Date

11-14-13

OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I hereby authorize the Georgia State Board of Speech Language Pathology and Audiology ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/_____ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled

____ Working with elder care

____ Working with children

11-14-13